

Approved, SCAO

Original - Court  
1st copy - Probationer  
2nd copy - Probation officer  
3rd copy - Prosecuting attorney

**STATE OF MICHIGAN  
JUDICIAL DISTRICT  
JUDICIAL CIRCUIT  
COUNTY PROBATE**

**REPORT OF  
NONPAYMENT OF RESTITUTION**

**CASE NO.**

Court address

Court telephone no.

<input type="checkbox"/> The State of Michigan
THE PEOPLE OF <input type="checkbox"/> _____
_____

**v**

Probationer's name, address, and telephone no.		
CTN/TCN	SID	DOB

In the matter of \_\_\_\_\_

1. Payment of restitution was ordered as a condition of probation for the above named individual. Upon review of the case as required under statute, I have determined that the probationer has not paid restitution as ordered.
2. The amount of the arrearage was \$ \_\_\_\_\_ as of \_\_\_\_\_ .  
Date
3. The reasons for this arrearage are:

I declare that the statements above are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probation officer/Juvenile caseworker

**CERTIFICATE OF MAILING**

I certify that on this date a copy of this report was served on the probationer and the prosecuting attorney by ordinary mail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature